

County: Eau Claire
 CLAIREMONT NURSING AND REHABILITATION
 2120 HEIGHTS DRIVE

Facility ID: 3040

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EAU CLAIRE 54701 Phone:(715) 832-1681
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 165
 Total Licensed Bed Capacity (12/31/02): 194
 Number of Residents on 12/31/02: 149

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 145

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		45.6
Supp. Home Care-Personal Care	No					More Than 4 Years		31.5
Supp. Home Care-Household Services	No	Developmental Disabilities	4.0	Under 65	6.7			22.8
Day Services	No	Mental Illness (Org./Psy)	41.6	65 - 74	9.4			-----
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	36.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	8.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	8.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	13.4	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	8.7		-----	RNs		10.4
Referral Service	No	Diabetes	0.7	Sex	%	LPNs		10.6
Other Services	No	Respiratory	12.8	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.4	Male	22.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.2	41.3		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%																		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	21	100.0	286	88	84.6	107	0	0.0	0	24	100.0	143	0	0.0	0	0	0.0	0	89.3	
Intermediate	---	---	---	15	14.4	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10.1	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	1	1.0	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.7	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	21	100.0		104	100.0		0	0.0		24	100.0		0	0.0		0	0.0	149	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total		
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health		3.1	Bathing		2.7	80.5		16.8	149	
Private Home/With Home Health		6.7	Dressing		13.4	73.2		13.4	149	
Other Nursing Homes		1.8	Transferring		32.2	54.4		13.4	149	
Acute Care Hospitals		85.9	Toilet Use		19.5	64.4		16.1	149	
Psych. Hosp.-MR/DD Facilities		0.0	Eating		54.4	37.6		8.1	149	
Rehabilitation Hospitals		0.0								149
Other Locations		2.5	*****							
Total Number of Admissions		326	Continence			%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		2.7	Receiving Respiratory Care		8.7		
Private Home/No Home Health		21.6	Occ/Freq. Incontinent of Bladder		55.7	Receiving Tracheostomy Care		0.0		
Private Home/With Home Health		37.0	Occ/Freq. Incontinent of Bowel		34.2	Receiving Suctioning		0.0		
Other Nursing Homes		4.6				Receiving Ostomy Care		4.7		
Acute Care Hospitals		10.5	Mobility			Receiving Tube Feeding		2.0		
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		11.4	Receiving Mechanically Altered Diets		34.9		
Rehabilitation Hospitals		0.3								
Other Locations		6.5	Skin Care			Other Resident Characteristics				
Deaths		19.4	With Pressure Sores		7.4	Have Advance Directives		91.9		
Total Number of Discharges			With Rashes		10.7	Medications				
(Including Deaths)		324				Receiving Psychoactive Drugs		58.4		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership:	Bed Size:	Licensure:				
		%	Peer Group	100-199	Skilled				
			Ratio	Peer Group	Peer Group				
				%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.8	84.7	0.87	85.7	0.86	85.3	0.86	85.1	0.87
Current Residents from In-County	83.2	81.6	1.02	81.9	1.02	81.5	1.02	76.6	1.09
Admissions from In-County, Still Residing	16.0	17.8	0.90	20.1	0.79	20.4	0.78	20.3	0.79
Admissions/Average Daily Census	224.8	184.4	1.22	162.5	1.38	146.1	1.54	133.4	1.69
Discharges/Average Daily Census	223.4	183.9	1.21	161.6	1.38	147.5	1.52	135.3	1.65
Discharges To Private Residence/Average Daily Census	131.0	84.7	1.55	70.3	1.86	63.3	2.07	56.6	2.32
Residents Receiving Skilled Care	89.3	93.2	0.96	93.4	0.96	92.4	0.97	86.3	1.03
Residents Aged 65 and Older	93.3	92.7	1.01	91.9	1.02	92.0	1.01	87.7	1.06
Title 19 (Medicaid) Funded Residents	69.8	62.8	1.11	63.8	1.09	63.6	1.10	67.5	1.03
Private Pay Funded Residents	16.1	21.6	0.75	22.1	0.73	24.0	0.67	21.0	0.77
Developmentally Disabled Residents	4.0	0.8	5.05	0.9	4.39	1.2	3.41	7.1	0.57
Mentally Ill Residents	45.6	29.3	1.56	37.0	1.23	36.2	1.26	33.3	1.37
General Medical Service Residents	3.4	24.7	0.14	21.0	0.16	22.5	0.15	20.5	0.16
Impaired ADL (Mean)	44.7	48.5	0.92	49.2	0.91	49.3	0.91	49.3	0.91
Psychological Problems	58.4	52.3	1.12	53.2	1.10	54.7	1.07	54.0	1.08
Nursing Care Required (Mean)	8.6	6.8	1.26	6.9	1.24	6.7	1.27	7.2	1.19